

PETROLEUM RELEASE SECTION 30-DAY RELEASE REPORT

FOR STATE USE ONLY	
(If a different form is used, transcribe all information.)	
Facility ID#	Release #
Facility Name	
Project Manager	City

HAZARDOUS WASTE SITE CLEANUP BUREAU
 MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY
 P.O. BOX 200901
 HELENA MONTANA 59620-0901
 (406) 841-5000

Completed form must be returned (postmarked) to the above address by _____

A. PERSON COMPLETING FORM		
NAME	POSITION/TITLE	PHONE
The information provided herein is accurate to the best of my knowledge.		
Signature		Date

B. FACILITY INFORMATION				
Facility Name				
Facility Location (Street address or description, (NO BOX NUMBERS))				
City	Zip	Phone		
UST System				
Owner/Operator			Phone	
Property Owner/Operator			Phone	
Contact Person			Phone	
Contact Mailing Address (if different) _____				

C. RELEASE DESCRIPTION Note: **Contaminated soil** or **high sample results** also constitute a release

1. Release was confirmed through: (check all that apply)

Visual (Stained or saturated soil)	Odors	Complaint	Inventory Records
Soil Sample Results	Tank Piping Removal		Field Vapor Meter
Tightness Test	Tested by:		
Other (describe)			

2. Product(s) Lost:	Type(s)	Quantity (if known) gallon
If diesel, was product used for heating oil?		

3. From:	Tank	Pipe	Overfill	Spill	Unknown
Other		(Please Describe)			

4. Probable Cause of Release

D. SITE CHARACTERISTICS

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(DEQ is concerned about consumption of contaminated groundwater and vapors impacting a nearby utility corridor or basement. To help evaluate the potential threat to public health and the environment, please provide the following information as completely as possible. Also, locate these features not eh site sketch map on the adjacent page.)

1. Describe soil type(s) (sand, clay, etc.) and change with depth (include diagram, if necessary)

2, Ground cover at point of release is:

Asphalt	Concrete	Native soil	Other (describe)
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Will this change in the near future?	How?
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3. Depth to groundwater	How determined?
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4. Groundwater flow direction	How determined?
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Note: Good sources of information are DNRC and City or County Sanitarians)

5. Was water present in the excavation?	How Deep?
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6. Was a petroleum sheen (rainbow or scum) present?

7. Did water or soil have a petroleum odor?	Describe
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8. Was petroleum product present in the excavation or on the water?	How thick?
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9. Is there a water well(s) on your property?	Your neighbor's property?
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Complete the following table. Be sure to include the nearest **municipal well** and **neighbor's wells.**

WELL INFORMATION	Your Well	Well	Well	Well
Distance from release				
Direction from release				
Total well depth				
Depth to water				
Use of water				

10. Distance, type and direction to nearby underground utilities (Storm drain, Sewer, Water, etc.)

11.Distance and direction to nearest basement:

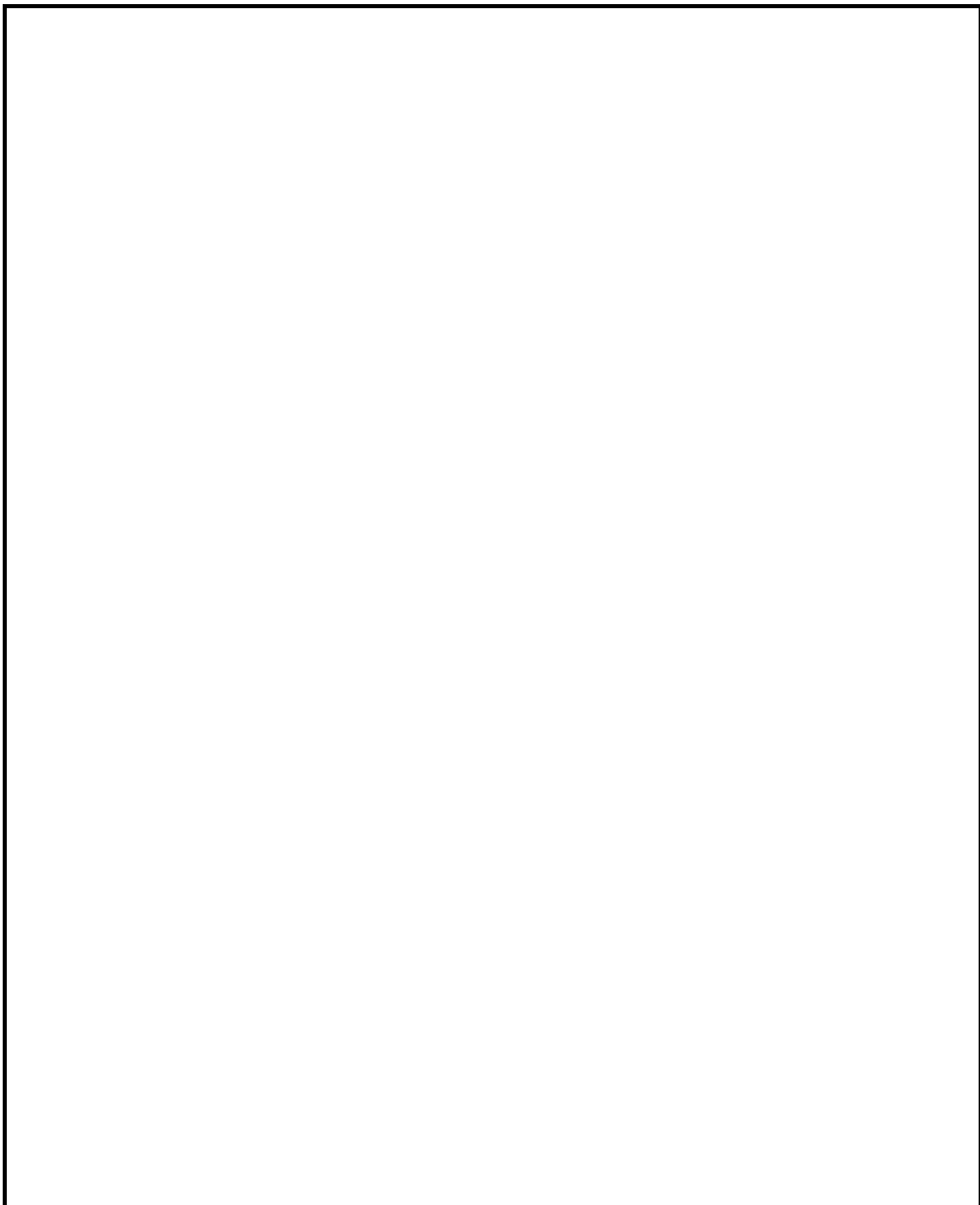
12. Other petroleum sources in the immediate area (type, distance, direction)

13. Distance and direction to nearest surface water (river, lake, stream, irrigation/drainage ditch, etc)

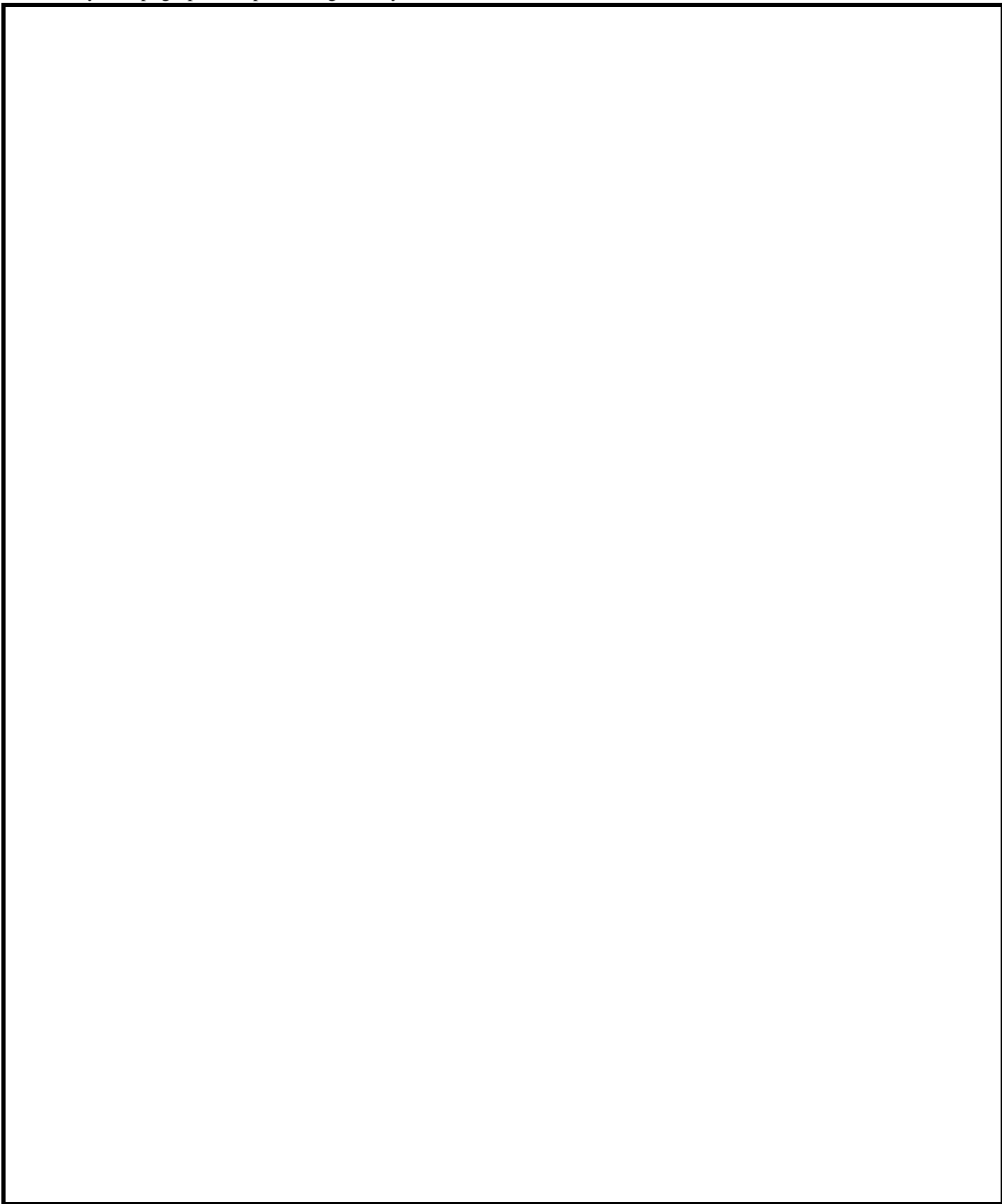
E. FACILITY SKETCH MAP

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Sketch showing release location, buildings tanks and piping, well, ditches, streams, utilities, etc. (include approximate dimensions and a north arrow).



Attach city or topographic map showing facility location.



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F. SOURCE OF CONTAMINATION

Describe the source or possible sources of contamination. If the source is unknown, describe all equipment at the facility.

TANKS:

Tank #	Age	Capacity (gallons)	Material of Construction	Coating	Cathodic Protection

PIPES:

Tank # (connected)	Age	Length (feet)	Material of Construction	Coating	Cathodic Protection

G. RELEASE RESPONSE

1. What repairs, if any, were made and when?

2. Name the primary repair contractor.

Phone #

3. Name of excavator.

Phone #

4. Was **WATER** or **PETROLEUM PRODUCT** removed from excavation?

Location of disposal/treatment site

1/4

1/4

1/4

Of Section

T.

R.

Owner of landfarm or landfill site

(Note: Disposal or treatment of contaminated soil, water, or product must be approved by PRS Office.)

5. Was **CONTAMINATED SOIL** removed from the excavation?

Quantity and contaminant concentration of soil removed

Method of disposal or treatment

Location of disposal/treatment site

1/4

1/4

1/4

Of Section

T.

R.

(Note: Disposal or treatment of contaminated soil, water, or product must be approved by PRS Office.)

6. Name and phone numbers of persons or businesses affected by this release, such as vapor problems or contaminated wells, etc. (explain on additional pages if necessary)

Explain in detail what actions were taken to respond to the release. Include dates, times, contractors, procedures, and any information which would be helpful, such as pictures, amps, and sketches.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(Use continuation sheets if needed)

Use this page to provide any addition information, drawings of comments.